| | Caca 22 12670 ama Dag 10 | Filad 01/ | 00/2 <i>1</i> E | ntarad | $\Omega 1/\Omega \Omega$ | 12 1 1 6 1 | O-EO Doco Ma | in |
|-------------------------|---|------------------|------------------|-------------------|--------------------------|----------------------------------|---|---------------|
| Fill | in this information to identify your case: | | | | , C | | x only as directed in this | |
| D | ebtor 1 Sadiyah Anna-Kay | Malcolm | | | | , | no presumption of abus | • |
| | First Name Middle Name | Last Name | | | 1 1_ | _ | • | |
| | ebtor 2 pouse, if filing) First Name Middle Name | Last Name | | | | of abuse a | ulation to determine if a oplies will be made under | er Chapter 7 |
| 116 | nited States Bankruptcy Court for the: Easter | rn District of | Pennsylvania | | | • | t Calculation (Official Fo | ŕ |
| | | II District or I | Cilioyivailla | | - | | ins Test does not apply military service but it co | |
| | ase number <u>23-13679-amc</u> known) | | | | | Chapte if the | is is an amended filing | |
| | | | | | | • Check if th | is is an amended filing | |
| <u>Of</u> | ficial Form 122A-1 | | | | | | | |
| Cr | napter 7 Statement of Your (| Curren | t Montl | hly In | com | ne | | 12/19 |
| nd eca vith Pa | ch a separate sheet to this form. Include the line number to case number (if known). If you believe that you are exemple use of qualifying military service, complete and file State this form. The Calculate Your Current Monthly Income What is your marital and filing status? Check one only. | pted from a p | resumption o | f abuse be | cause y | ou do not ha | ve primarily consumer | debts or |
| | Not married. Fill out Column A, lines 2-11. | | | | | | | |
| | ☐ Married and your spouse is filing with you. Fill out bot ☐ Married and your spouse is NOT filing with you. You a | | | 2-11. | | | | |
| | Living in the same household and are not legally | | | olumn A and | d R lines | : 2-11 | | |
| | | | | | | | a this have you dealars | |
| | Living separately or are legally separated. Fill our under penalty of perjury that you and your spouse spouse are living apart for reasons that do not inc | e are legally se | eparated unde | r nonbank | ruptcy la | w that applie | s or that you and your | |
| va ex | 01(10A). For example, if you are filing on September 15, the aried during the 6 months, add the income for all 6 months a cample, if both spouses own the same rental property, put the oin the space. | and divide the | total by 6. Fill | in the resu | ılt. Do no | ot include and ly. If you hav | y income amount more t | han once. For |
| | | | | | Debtor | | Debtor 2 or non-filing spouse | |
| 2. | Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | | | | | \$0.00 | \$0.00 | |
| 3. | Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | | | | | \$0.00 | \$0.00 | |
| 4. | All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | | | | | \$0.00 | \$0.00 | |
| 5. | Net income from operating a business, profession, or farm | Debtor 1 | Debtor 2 | | | | | |
| | Gross receipts (before all deductions) | \$0.00 | \$0.00 | | | | | |
| | Ordinary and necessary operating expenses | \$0.00 | - \$0.00 | | | | | |
| | Net monthly income from a business, profession, or farm | \$0.00 | \$0.00 | Copy here → | | \$0.00 | \$0.00 | |
| 6. | Net income from rental and other real property | Debtor 1 | Debtor 2 | | | | | |
| | Gross receipts (before all deductions) | \$0.00 | \$0.00 | | | | | |
| | Ordinary and necessary operating expenses | \$0.00 | - \$0.00 | | | | | |
| | | | | Сору | | | | |
| | Net monthly income from rental or other real property | \$0.00 | \$0.00 | here → | | \$0.00 | \$0.00 | |
| 7 | Interest dividends and royalties | | | • | | \$0.00 | \$0.00 | |

Debtor 1

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| | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | | | | | |
|-----|---|--|------------------------|--|--|--|--|--|--|
| | 8. Unemployment compensation | | \$0.00 | \$0.00 | | | | | |
| | Do not enter the amount if you contend that the amount received was a benefit under | | | | | | | | |
| | the Social Security Act. Instead, list it here: | ↓ | | | | | | | |
| | For you | \$0.00 | | | | | | | |
| | For your spouse | \$0.00 | | | | | | | |
| | 9. Pension or retirement income. Do not include a benefit under the Social Security Act. Also, exce do not include any compensation, pension, pay, United States Government in connection with a disability, or death of a member of the uniformed retired pay paid under chapter 61 of title 10, ther that it does not exceed the amount of retired pay entitled if retired under any provision of title 10 or | pt as stated in the next sentence, annuity, or allowance paid by the disability, combat-related injury or services. If you received any include that pay only to the extent to which you would otherwise be | \$0.00 | \$0.00 | | | | | |
| | 10. Income from all other sources not listed above. Do not include any benefits received under the received as a victim of a war crime, a crime aga domestic terrorism; or compensation, pension, the United States Government in connection wi injury or disability, or death of a member of the list other sources on a separate page and put the | Social Security Act; payments ainst humanity, or international or pay, annuity, or allowance paid by the a disability, combat-related uniformed services. If necessary, | | | | | | | |
| | University Stipend | | \$2,598.00 | \$0.00 | | | | | |
| | 2022 Tax Return | | \$691.16 | \$0.00 | | | | | |
| | Total amounts from separate pages, if any. | | + | + | | | | | |
| | 11. Calculate your total current monthly income. A each column. Then add the total for Column A to | | \$3,289.16 | + \$0.00 | = \$3,289.16 Total current monthly income | | | | |
| Pa | art 2: Determine Whether the Means Test Ap | oplies to You | | | · | | | | |
| 12. | Calculate your current monthly income for the year. | Follow these steps: | | | | | | | |
| | 12a. Copy your total current monthly income from line | e 11 | | Copy line 11 here → | \$3,289.16 | | | | |
| | Multiply by 12 (the number of months in a year) | | | | x 12 | | | | |
| | 12b. The result is your annual income for this part of | the form. | | 12b. | \$39,469.92 | | | | |
| 13. | Calculate the median family income that applies to y | ou. Follow these steps: | | _ | | | | | |
| | Fill in the state in which you live. | Pennsylvania | | | | | | | |
| | Fill in the number of people in your household. | 3 | | | | | | | |
| | Fill in the median family income for your state and size of household | | | | | | | | |
| 14. | How do the lines compare? | | | | | | | | |
| | 4a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse.</i> Go to Part 3. Do NOT fill out or file Official Form 122A-2. | | | | | | | | |
| | 14b. Line 12b is more than line 13. On the top of p. Go to Part 3 and fill out Form 122A–2. | age 1, check box 2, The presumption | of abuse is determined | by Form 122A-2. | | | | | |

Debtor 1

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Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Sadiyah Anna-Kay Malcolm

Signature of Debtor 1

Date 01/09/2024 MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.